


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P93000016197 (4)**

1. Corporation Name
7272 CLOISTERS, INC.

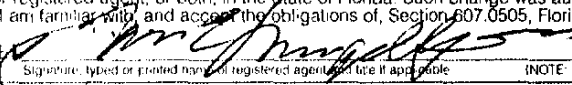
Principal Place of Business XXXXXXX P O BOX 4019 SARASOTA FL 34230	Mailing Address P O BOX 4019 SARASOTA FL 34230-4019
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2. Principal Place of Business 595 Bay Isles Road		2a. Mailing Address 595 Bay Isles Road		3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 01/30/1996
21 Suite, Apt. #, etc. 110		26 Suite, Apt. #, etc. 110		4. FEI Number 65-0488457	Applied For <input type="checkbox"/> Not Applicable
22 City & State Longboat Key,		27 City & State Longboat Key,		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip 34228		28 Country USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		25		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent DAVID HENRY 205 K MARK STREET SARASOTA FL 34230				10. Name and Address of New Registered Agent	
				81 Name JOHN E. MENGELBERG	
				82 Street Address (P.O. Box Number is Not Acceptable) 595 Bay Isles Road	
				83 Suite 110	
				84 City Longboat Key,	85 Zip Code FL 34228

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  DATE: **2/4/97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE DPST	<input checked="" type="checkbox"/> DELETE			1.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MENGELBERG, JOHN E.				1.2 NAME MENGELBERG, JOHN E.			
STREET ADDRESS 595 BAY ISLES ROAD, SUITE 110				1.3 STREET ADDRESS 595 BAY ISLES ROAD, SUITE 110			
CITY-ST-ZIP SARASOTA FL				1.4 CITY-ST-ZIP LONGBOAT KEY, FL.			
TITLE	<input type="checkbox"/> DELETE			2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREET ADDRESS			
CITY-ST-ZIP				2.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE	<input type="checkbox"/> DELETE			6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:  DATE: **2/4/97** (941) 383-1958

CR2E034 (9/96)